

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service 11/01/01 through 01/28/02.
- b. The request was received on 06/07/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs-1500
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II: Response Untimely
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 07/24/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 07/25/02. The response from the insurance carrier was received in the Division on 08/13/02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.
4. Notice of "A letter Requesting Additional Information" is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 07/17/02
"The DOS 01/21/01, 01/22/02, 01/23/02, 01/24/01, and 01/28/02 were denied for being Duplicates. I requested reconsideration for this charge with a letter explaining that this was the initial billing, and explaining the billing situation with our psychological provider.... The second denial I received was stating Duplicate again."
2. Respondent: Response Untimely

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 01/21/02/ through 01/28/02.
2. Date of service 11/01/01 was withdrawn by the provider on 07/24/02 because the carrier paid the requested amount in dispute.
3. Per the provider representative in a telephone conversation on 11/08/02, the adjusted Table of Disputed Services is: the amount billed is \$3,510.00; the amount paid is \$344.00; the amount in dispute is \$3,510. The provider representative reported that no additional payment has been made on the other dates of service in dispute, except for 11/01/01. The carrier adjuster confirmed that no further payment has been made on the dates in dispute in a telephone call on 11/08/02.
4. The carrier denied the billed services by code, "PARTIAL DUPLICATION D – Duplicate Charge."
5. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
01/21/02 01/23/02 01/24/02 01/28/02	97799-CP all DOS	\$585.00 \$780.00 \$780.00 \$585.00	\$0.00 for all DOS	D	DOP	MFG MGR (II) (G) (b); CPT descriptor	Due to the intensity of the program, both group and individual therapy may be part of the program. If the program includes these disciplines in the program then the therapy shall be billed as part of the program billing and not be billed separately. If the program does not include psychotherapy services, such services may be billed separately, subject to applicable preauthorization requirements." In this particular situation, another provider billed for the psychological service hours during the claimant's program day as documented at the bottom of each daily "DOCUMENTATION OF PROCEDURE". The documentation at the bottom of each daily note indicates the claimant's time in and time out, total time in pain management, and the separation of the hours spent with the psychological associates and the hours spent with the provider. When calculated, the hours on the daily note equal to a total of five hours plus or minus 5 to 15 minutes each day. Upon review the provider's HCFAs-1500 billing hours and the documentation hours do not coincide. Therefore, the documented time will be utilized to determine reimbursement. The provider is reimbursed in accordance with the daily note documentation time and the time documented on the other providers EOB. For DOS 01/21/02, the provider is reimbursed for 2 hours; for 01/23/02, 3 hours; for 01/24/02, 3 hours; for 01/28/02, 3 hours. The provider billed \$195.00 per hour. (2+3+3+3 = 11 x \$195.00 = \$2,145.00) Reimbursement in the amount of \$2,145.00 is recommended.
01/22/02	97799-CP	\$780.00	\$0.00	No EOB	DOP	Rule 133.307 (e) (1) (B)	The provider failed to submit a copy of the explanation of benefit relevant to CPT code 97799-CP for date of service 01/22/02 in accordance with Rule 133.307 (e) (1) (B). No reimbursement is recommended.
Totals		\$3,510.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$2,145.00 .

The above Findings and Decision are hereby issued this 15th day of November 2002.

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$2,145.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 15th day of November 2002.

Carolyn Ollar
Medical Dispute Resolution Officer
Medical Review Division

CO/dmm